

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

CLAIMS ONLY		APPLICANT(S)		CLAIMS	
SERIAL NO.	FILING DATE			IND.	DEP.
IND.	DEP.	IND.	DEP.	IND.	DEP.
1	*	*	*	*	
2	*	*	*	*	
3	*	*	*	*	
4	*	*	*	*	
5	*	*	*	*	
6	*	*	*	*	
7	*	*	*	*	
8	*	*	*	*	
9	*	*	*	*	
10	*	*	*	*	
11	*	*	*	*	
12	*	*	*	*	
13	*	*	*	*	
14	*	*	*	*	
15	*	*	*	*	
16	*	*	*	*	
17	*	*	*	*	
18	*	*	*	*	
19	*	*	*	*	
20	*	*	*	*	
21	*	*	*	*	
22	*	*	*	*	
23	*	*	*	*	
24	*	*	*	*	
25	*	*	*	*	
26	*	*	*	*	
27	*	*	*	*	
28	*	*	*	*	
29	*	*	*	*	
30	*	*	*	*	
31	*	*	*	*	
32	*	*	*	*	
33	*	*	*	*	
34	*	*	*	*	
35	*	*	*	*	
36	*	*	*	*	
37	*	*	*	*	
38	*	*	*	*	
39	*	*	*	*	
40	*	*	*	*	
41	*	*	*	*	
42	*	*	*	*	
43	*	*	*	*	
44	*	*	*	*	
45	*	*	*	*	
46	*	*	*	*	
47	*	*	*	*	
48	*	*	*	*	
49	*	*	*	*	
50	*	*	*	*	
TOTAL IND.	7	32	39		
TOTAL DEP.					
CLAINS					